

ASPHALT PLANTS

2008 PRODUCTION & EQUIPMENT INFORMATION

Please fill in all blanks with either appropriate information or NA (Not Applicable).

Copy this form as needed to complete inventories for all of your facilities.

1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Asphalt Plant Make/Model/Year: _____
6. Date of last Stack Test: _____
Emission Factor from last Stack Test: _____ Grains per dry standard cubic foot of air
And/or: _____ Pounds per ton of asphalt produced

Production Rate during the last Stack Test _____ Tons/hour
7. Asphalt Plant Type (Batch, Drum, etc): _____
8. Emission Control (Baghouse, Wet Scrubber, etc): _____
9. Dryer Fuel Type (circle one): Coal Propane Natural Gas Oil Diesel Other
Amount of fuel: _____
10. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
11. Total Asphalt Produced: _____ Tons
12. % Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
July-Sep _____ % Oct-Dec _____ %
13. Asphalt Cement Heater Model/Year: _____
Total Annual Heater Fuel Usage:
Oil _____ Gallons
Diesel _____ Gallons
Propane _____ Gallons
Natural Gas _____ Million Cubic Feet (MMCF) - Convert Decatherms
to MMCF
Other _____ Tons, gallons, or MMCF
14. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)

15. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

16. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #16, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

17. Additional Comments/Notes:_____

18. Initial Location (home pit): Latitude (in Decimal Degrees)_____

Longitude (in Decimal Degrees)_____

County_____

19. Current Location: Latitude (in Decimal Degrees)_____

Longitude (in Decimal Degrees)_____

County _____

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

GENERATORS and ENGINES

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1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Number of Generators _____ (enter NA if plant uses utility electricity).

Generator #1 Size _____ Kilowatts Annual Hours of Operation _____

Engine #1 Size _____ Horsepower

Total Annual Generator Fuel Usage

Oil _____ Gallons Natural Gas _____ Million Cubic Feet

Propane _____ Gallons Diesel _____ Gallons

Gasoline _____ Gallons Other _____

Generator #2 Size _____ Kilowatts Annual Hours of Operation _____

Engine #2 Size _____ Horsepower

Total Annual Generator Fuel Usage

Oil _____ Gallons Natural Gas _____ Million Cubic Feet

Propane _____ Gallons Diesel _____ Gallons

Gasoline _____ Gallons Other _____

Other Engine Size _____ Horsepower Annual Hours of Operation _____

Total Annual Generator Fuel Usage

Oil _____ Gallons Natural Gas _____ Million Cubic Feet

Propane _____ Gallons Diesel _____ Gallons

Gasoline _____ Gallons Other _____

6. % Operation by Quarter: Jan-Mar _____ % Apr-June _____ %
July-Sep _____ % Oct-Dec _____ %

7. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #7, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

8. Additional Comments/Notes: _____

9. Initial Location (home pit): Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

10. Current Location: Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

I certify the data submitted above for Permit # _____ is based on information and belief formed after reasonable inquiry; the statements and information in the document are true, accurate, and complete.

Signed: _____

Name: _____

Position: _____

Date: _____

CONCRETE BATCH

2008 PRODUCTION & EQUIPMENT INFORMATION

Please fill in all blanks with either appropriate information or NA (Not Applicable).

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1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: ____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Emission Control on Process (Spraybar, Foggers/Misters, Filter, Baghouse, Wet Material):

6. Concrete Batch Total Tons of Product: _____ Tons; _____ Cubic Yards.
7. Concrete Total Tons Cement purchased: _____ Tons.
Fly Ash purchased: _____ Tons.
8. Concrete Batch Total Tons of Aggregate: _____ Tons.
9. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
% Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
 July-Sep _____ % Oct-Dec _____ %
10. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)
11. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____
12. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #12, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

13. Additional Comments/Notes: _____

14. Initial Location (home pit): Latitude (in decimal Degrees) _____
Longitude (in decimal Degrees) _____
County _____

15. Current Location: Latitude (in Decimal Degrees) _____
Longitude (in Decimal Degrees) _____
County _____

I certify the data submitted above for Permit # _____ is based on information and belief
formed after reasonable inquiry; the statements and information in the document are true, accurate, and
complete.

Signed: _____

Name: _____

Position: _____

Date: _____

CRUSHING AND SCREENING

2008 PRODUCTION & EQUIPMENT INFORMATION

Please fill in all blanks with either appropriate information or NA (Not Applicable).
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1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Number of Crushers by Type:
 # Jaw: _____ # Cone: _____ # Impact: _____ # Roll: _____ # Gyratory: _____
6. Number of Screens (do not include Grizzlies): _____
7. Emission Control on Process (Spraybar, Foggers/Misters, Filter, Baghouse, Wet Material):

8. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
9. %Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
 July-Sep _____ % Oct-Dec _____ %

10. Breakdown of Material Crushed per Crusher

Crusher #1 Type (Jaw, Cone, etc.): _____ Throughput: _____ Tons/Year
Crusher #2 Type (Jaw, Cone, etc.): _____ Throughput: _____ Tons/Year
Crusher #3 Type (Jaw, Cone, etc.): _____ Throughput: _____ Tons/Year
Crusher #4 Type (Jaw, Cone, etc.): _____ Throughput: _____ Tons/Year

Total Material Crushed: _____ Tons (sum of
Crushers #1-#4 above)

11. Breakdown of Material Screened per Screen (do not include Grizzly screens)**

Screen #1 Product Throughput: _____ Tons/Year
Screen #2 Product Throughput: _____ Tons/Year
Screen #3 Product Throughput: _____ Tons/Year
Screen #4 Product Throughput: _____ Tons/Year
Total Material Screened: _____ Tons (sum of Screens #1-#4 above)

**Note: Throughput is for each screen as a unit, i.e. (The tonnage through a 3-deck screen is not 3 times the total dumped into it.)

12. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front Loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)

13. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

14. If you have included equipment that is not identified in your Air Quality Permit, please comment:

If you included equipment in Section #14, please call the Department at (406) 444-3490, you may need to update your permit. If your permit does not accurately reflect the equipment you are using and you do not have it updated, you may be subject to a violation and financial penalties.

15. Additional Comments/Notes: _____

16. Initial Location (home pit): Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

17. Current Location: Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

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Signed: _____

Name: _____

Position: _____

Date: _____

OTHER FACILITY EQUIPMENT

2008 PRODUCTION & EQUIPMENT INFORMATION

To be used for any equipment other than an Asphalt Plant, Concrete Batch Plant, Crusher/Screen, Generator or Engine

Please fill in all blanks with either appropriate information or NA (Not Applicable).
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1. Montana Air Quality Permit # _____
2. Company Name: _____ Contact: _____
3. Mailing Address: _____ City: _____ State: _____ Zip Code: _____
4. Phone Number: _____ E-mail Address (required): _____
5. Equipment Make/Model/Year: _____
6. Date of last Stack Test: _____
Emission Factor from last Stack Test: _____ Grains per dry standard cubic foot of air
And/or: _____ Pounds per ton of product produced

Production Rate during the last Stack Test _____ Tons/hour
7. Emission Control on Process (Spraybar, Foggers/Misters, Filter, Baghouse, Wet Material):

8. Fuel Type (circle one): Coal Propane Natural Gas Oil Diesel Other
Amount of fuel: _____
9. Total Annual Hours of Operation: _____ Hours/Day: _____ Days/Week: _____
10. Annual Throughput _____ Tons and Type of Material _____
11. % Throughput by Quarter (%Tons by Quarter): Jan-Mar _____ % Apr-June _____ %
July-Sep _____ % Oct-Dec _____ %
12. Total Vehicle Miles Traveled: _____ Miles

Equipment: Front Loaders _____ Miles Haul Trucks _____ Miles
(Includes Pit Area & Private Access/Haul Roads by front loaders, haul trucks, and other vehicles)
13. Road/Pit Dust Fugitive Emission Control (may circle more than one as appropriate):

Water Chemical Suppressant Paved Roads Other _____

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15. Additional Comments/Notes: _____

16. Initial Location (home pit): Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

17. Current Location: Latitude (in Decimal Degrees) _____

Longitude (in Decimal Degrees) _____

County _____

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Signed: _____

Name: _____

Position: _____

Date: _____